

File Number 84-5742
For the reporting period ended December 31, 2004

OMB APPROVAL

OMB Number: 3235-0337

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM TA-2

FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934

ATT	ENTIO		ENTS OR OMISSIONS OF FACT IMINAL VIOLATIONS. See 18 U.S. C.
1.	(Do n	ame of Registrant as stated in Question of use Form TA-2 to change name or a cutual Life Insurance Company	
2.	a.	During the reporting period, has the F perform any of its transfer agent func	Registrant engaged a service company to tions? (Check appropriate box.) X None
	b.	agent file number(s) of all service cor	
Nam	ne of Tra	nsfer Agent(s):	File No. (beginning with 84- or 85-):
		N/A	
			PROCESSED
			MAR 0 2 2005
			THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PE
			Francia
	C.	During the reporting period, has the F company by a named transfer agent to Yes X No	
	d.	the named transfer agent(s) for which	provide the name(s) and file number(s) of the Registrant has been engaged as a agent functions: (If more room is required, ement to Form TA-2.)
Nam	e of Tran	nsfer Agent(s):	File No. (beginning with 84- or 85-):

		N/A .	N/A
3.	a.	Registrant's appropriate regulatory ag	ency. (Check one box only.)
		☐ Comptroller of the Currency	
		☐ Federal Deposit Insurance Corpora	tion
		☐ Board of Governors of the Federal	Reserve System
		X Securities and Exchange Commi	ssion
	b.		egistrant amended Form TA-1 within 60 hich information reported therein became? (Check appropriate box.)
		X Yes, filed amendment(s)	
		☐ No, failed to file amendment(s)	
		□ Not applicable	
	c.	If the answer to subsection (b) is no, p	provide an explanation.
If	the res	ponse to any of questions 4-11 below is	s none or zero, enter "0."
4.	Num	ber of items received for transfer during	the reporting period:0_
5.	a.	•	older accounts, including accounts in the vidend reinvestment plans and/or direct
	b.	Number of individual securityholder of purchase plan accounts as of Decemb	dividend reinvestment plan and/or direct er 31:
	c.	Number of individual securityholder l	ORS accounts as of

d. Approximate percentage of individual securityholder accounts from subsection (a) in the following categories as of December 31:

Corporate Equity Securities	Corporate Debt Securities	Open-End Investment Company Securities	Limited Partnership Securities	Municipal Debt Securities	Other Securities
0	0	100%	0	0	0

6. Number of securities issues for which Registrant acted in the following capacities, as of December 31:

	Corporate Equity Securities Equity Debt	Corporate Debt Securities	Open-End Investment Company Securities	Limited Partnership Securities	Municipal Debt Securities	Other Securities
a. Receives items for transfer and maintains the master securityholder files:	,					
b. Receives items for transfer but does not maintain the master securityholder files:						
c. Does not receive items for transfer but maintains the master securityholder files:						
d. Scope of certain additional types of activities performed:						

7.

Scop	e of ce	rtain additional types of activities performed:
a.		aber of issues for which dividend reinvestment plan and/or direct purchase services were provided, as of December 31:
b.	Nun	aber of issues for which DRS services were provided, as of December 31:
c.		dend disbursement and interest paying agent activities conducted during the rting period:
	i.	number of issues
	ii.	amount (in dollars)

8.	a.	Number and aggregate market value for more than 30 days, as of December 100 days, as of December	_	cord differences, existing
			Prior Transfer Agent (If applicable)	
	i. ii.	Number of issues Market value (in dollars)		
	b.	Number of quarterly reports regarding ARA (including the SEC) during the 11(c)(2):		-
	c.	During the reporting period, did the buy-ins with its ARA (including the \Box Yes \Box No		
	d.	If the answers to subsection (c) is no file.	o, provide an explanat	ion for each failure to
9.	a.	During the reporting period, has the	Registrant always he	en in compliance with
·		the turnaround time for routine items Yes No	•	•
If t	he answ	ver to subsection (a) is no, complete	subsections (i) thro	ıgh (ii).
	i.	Provide the number of months during was not in compliance with the turn. Rule 17Ad-2		
	ii.	Provide the number of written notice with the SEC and with its ARA that time for routine items according to F	reported its noncomp	0 1 01
10.	("trans	er of open-end investment company s sactions") excluding dividend, interes es processed during the reporting peri	t and distribution pos	
	a.	Total number of transactions process	sed:	
	b.	Number of transactions processed or ("as ofs"):	n a date other than da	te of receipt of order
11.	a.	During the reporting period, provide for lost securityholder accounts liste		

securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search.

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
0	0	0

b.	Number of lost securityholder	accounts tha	it have been	remitted to	states during	g
	the reporting period:			0	_	

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible	Title:
for Form:	
- ASKI	President and Chief Executive Officer
FAP	Telephone number:
	608-231-7777
Name of Official responsible for Form:	Date signed
	(Month/Day/Year)
Jeffrey Holder Post	Z/16/05
(First name, Middle name, Last name)	

File Number 84-5742	Supplement to Form TA-2					
For the reporting period Ended December 31, <u>2004</u>	Full Name of Registrant CUNA Mutual Life Insurance Company					
Use this schedule to provide the name(s) and file number(s) of the named transfer agent(which the Registrant has been engaged as a service company to perform transfer agent fund						
Name (s):	File No. (beginning with 84- or 85-):					
	· .					

DIANE M. FISHER Law Specialist Office of General Counsel Phone: (608) 231-7533

FAX: (608) 236-7533



February 18, 2005

Via Overnight Delivery

U.S. Securities and Exchange Commission Office of Filings and Information 450 5th Street N.W. Washington, DC 20549-0013

RE: CUNA Mutual Life Insurance Company

Form TA-2



Enclosed for filing is the original and two copies of Form TA-2 on behalf of CUNA Mutual Life Insurance Company for the period ended December 31, 2004. As proof of filing, please date stamp the duplicate copy of this letter and return it to me in the self-addressed, stamped envelope.

If you have any questions, please feel free to contact me. Thank you.

Sincerely,

Diane M. Fisher

Diane M. Fisher

Law Specialist

Enclosures